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**\*BIBDATASHEET\***

CONFIRMATION NO. 1871

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/735,498	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 257	<b>GROUP ART UNIT</b> 2814	<b>ATTORNEY DOCKET NO.</b> L0655.70013USOO
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**APPLICANTS**

Alexei A. Erchak, Cambridge, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/462,889 04/15/2003  
 and claims benefit of 60/474,199 05/29/2003  
 and claims benefit of 60/475,682 06/04/2003  
 and claims benefit of 60/503,653 09/17/2003  
 and claims benefit of 60/503,654 09/17/2003  
 and claims benefit of 60/503,661 09/17/2003  
 and claims benefit of 60/503,671 09/17/2003  
 and claims benefit of 60/503,672 09/17/2003  
 and claims benefit of 60/513,807 10/23/2003  
 and claims benefit of 60/514,764 10/27/2003  
 and is a CIP of 10/723,987 11/26/2003  
 and is a CIP of 10/724,004 11/26/2003 PAT 6,831,302  
 and is a CIP of 10/724,033 11/26/2003  
 and is a CIP of 10/724,006 11/26/2003  
 and is a CIP of 10/724,029 11/26/2003  
 and is a CIP of 10/724,015 11/26/2003  
 and is a CIP of 10/724,005 11/26/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 14
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

23628

**TITLE**

Light emitting systems

<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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No. \_\_\_\_\_ for following:

☐ 1.18 Fees ( Issue )

☐ Other \_\_\_\_\_

☐ Credit